

Visit ID	: YGT55356	UHID/MR No	: YGT.0000055180
Patient Name	: Mr. SURESH BODDU	Client Code	: YOD-DL-0021
Age/Gender	: 34 Y 0 M 0 D /M	Barcode No	: 10932917
DOB	:	Registration	: 17/Feb/2024 12:21PM
Ref Doctor	: SELF	Collected	: 17/Feb/2024 12:21PM
Client Name	: MEDI WHEELS	Received	:
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DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

L I V E R : Normal in size (13.4 cm) and increased and mild altered echo-texture of liver parenchyma noted. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

GALL BLADDER : Well distended. No evidence of wall thickening / calculi.

Visualised common bile duct & portal vein appears normal.

PANCREAS : Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN : Enlarged in size (14.4 cm) and normal echotexture. No focal lesion is seen.

R I G H T K I D N E Y : measures 9.4X 5.3 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

L E F T K I D N E Y : measures 9.4 X 4.5 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

U R I N A R Y B L A D D E R : Partially distended. No evidence of wall thickening / calculi.

P R O S T A T E : Normal in size (volume -17 cc) and echo-texture.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified. Great vessels appear normal.

No free fluid is seen in peritoneal cavity.

- IMPRESSION:
- GRADE-I FATTY LIVER WITH ALTERED ECHOTEXTURE OF LIVER PARENCHYMA
- SPLENOMEGALY

SUGGESTED CLINICAL CORRELATION AND FURTHER EVALUATION (LFT'S)

Verified By :
Kollipara Venkateswara Rao



Approved By :

Sushma Vuyyuru
Dr.SUSHMA VUYURU
MBBS;MD(Radio-Diagnosis)
CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGY**X-RAY CHEST PA VIEW****Findings:**

Soft tissues/ bony cage normal.
Trachea and Mediastinal structures are normal.
Heart size and configuration are normal.
Aorta and pulmonary vascularity are normal.
Lung parenchyma and CP angles are clear.
Bilateral hilae and diaphragmatic contours are normal.

IMPRESSION :

- No Significant Abnormality Detected.

Suggested Clinical Correlation & Follow up.

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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ESR (ERYTHROCYTE SEDIMENTATION RATE)

Sample Type : WHOLE BLOOD EDTA

ERYTHROCYTE SEDIMENTATION RATE	10	mm/1st hr	0 - 15	Capillary Photometry
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COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.


Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	O			
Rh Typing	POSITIVE			

Method : Hemagglutination Tube method by forward and reverse grouping

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings. Advsiied cross matching before transfusion

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CBC (COMPLETE BLOOD COUNT)
Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	14.7	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.82	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	40.1	%	40.0 - 50.0	RBC pulse height detection
MCV	83.2	fL	83 - 101	Automated/Calculated
MCH	30.5	pg	27 - 32	Automated/Calculated
MCHC	36.7	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13.8	%	11.0-16.0	Automated Calculated
RDW - SD	44.6	fl	35.0-56.0	Calculated
MPV	10.7	fL	6.5 - 10.0	Calculated
PDW	16.1	fL	8.30-25.00	Calculated
PCT	0.087	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	4,630	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	66	%	40 - 80	Impedance
LYMPHOCYTE	24	%	20 - 40	Impedance
EOSINOPHIL	04	%	01 - 06	Impedance
MONOCYTE	06	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	0.81	Lakhs/cumm	1.50 - 4.10	Impedance

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)
Sample Type : SERUM

T3	1.17	ng/ml	0.60 - 1.78	CLIA
T4	7.46	ug/dl	4.82-15.65	CLIA
TSH	2.33	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.
9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04


(Reference range recommended by the American Thyroid Association)

Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM

TOTAL BILIRUBIN	1.21	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.27	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.94	mg/dl		Calculated
AST (S.G.O.T)	30	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	19	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	69	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.8	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	5.0	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.8	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.79			Calculated

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LIPID PROFILE
Sample Type : SERUM

TOTAL CHOLESTEROL	164	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	33	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	113.4	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	88	mg/dl	See Table	GPO
VLDL	17.6	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	4.97		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	2.67	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	131	mg/dl	< 130	Calculated

Interpretation

NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	TOTAL CHOLESTEROL	TRI GLYCERIDE	LDL CHOLESTEROL	NON HDL CHOLESTEROL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220


REMARKS	Cholesterol : HDL Ratio
Low risk	3.3-4.4
Average risk	4.5-7.1
Moderate risk	7.2-11.0
High risk	>11.0

Note:

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol
- NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
- Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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HBA1C

Sample Type : WHOLE BLOOD EDTA


HBA1c RESULT	5.6	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	114	mg/dl		

Note:
 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.
 HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control .

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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	18	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	8.4	mg/dl	5 - 25	GLDH-UV

Increased In:

Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

Decreased In:

Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)


Limitations:

Urea levels increase with age and protein content of the diet.

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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	100	mg/dl	70 - 100	HEXOKINASE
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INTERPRETATION:
 Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA				
POST PRANDIAL PLASMA GLUCOSE	106	mg/dl	<140	HEXOKINASE

INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)


Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
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- Alcoholism
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.94	mg/dl	0.70 - 1.30	KINETIC-JAFFE
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Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	9.0	mg/dl	3.5 - 7.20	URICASE - PAP
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Interpretation

Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	8.4	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.94	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	8.90	Ratio	6 - 25	Calculated

Verified By :
Kollipara Venkateswara Rao



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT55356	UHID/MR No : YGT.0000055180
Patient Name : Mr. SURESH BODDU	Client Code : YOD-DL-0021
Age/Gender : 34 Y 0 M 0 D /M	Barcode No : 10932917
DOB :	Registration : 17/Feb/2024 12:21PM
Ref Doctor : SELF	Collected : 17/Feb/2024 12:26PM
Client Name : MEDI WHEELS	Received : 17/Feb/2024 12:29PM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 17/Feb/2024 12:54PM
Hospital Name :	

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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CUE (COMPLETE URINE EXAMINATION)
Sample Type : SPOT URINE
PHYSICAL EXAMINATION

TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION


pH	6.5		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	NEGATIVE	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

PUS CELLS	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

 Verified By :
 Kollipara Venkateswara Rao


Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist


Visit ID	: YGT55356	UHID/MR No	: YGT.0000055180
Patient Name	: Mr. SURESH BODDU	Client Code	: YOD-DL-0021
Age/Gender	: 34 Y 0 M 0 D /M	Barcode No	: 10932917
DOB	:	Registration	: 17/Feb/2024 12:21PM
Ref Doctor	: SELF	Collected	: 17/Feb/2024 12:26PM
Client Name	: MEDI WHEELS	Received	: 17/Feb/2024 12:29PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 17/Feb/2024 12:54PM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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***** End Of Report *****Verified By :
Kollipara Venkateswara Rao

Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist



భారత ప్రభుత్వం

GOVERNMENT OF INDIA

బొడ్డు సురేష్

Boddu Suresh

పుట్టిన సంవత్సరం/Year of Birth: 1989

పురుషుడు / Male

4785 5292 6938



ఆధార్ - సామాన్యుని హక్కు



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

విరునామా: S/O వేంకటేశ్వరరావు,
1-42,
పల్లపట్ల,
పల్లపట్ల,
నిజాం పట్నం,
గుంటూరు,
ఆంధ్ర ప్రదేశ్,
522262

Address: S/O Venkateswararao,
1-42, Pallapatla, Pallapatla,
NIZAM PATNAM, Kuchinapudi,
Guntur, Andhra Pradesh, 522262



1947
1800 180 1947



help@uidai.gov.in



www.uidai.gov.in



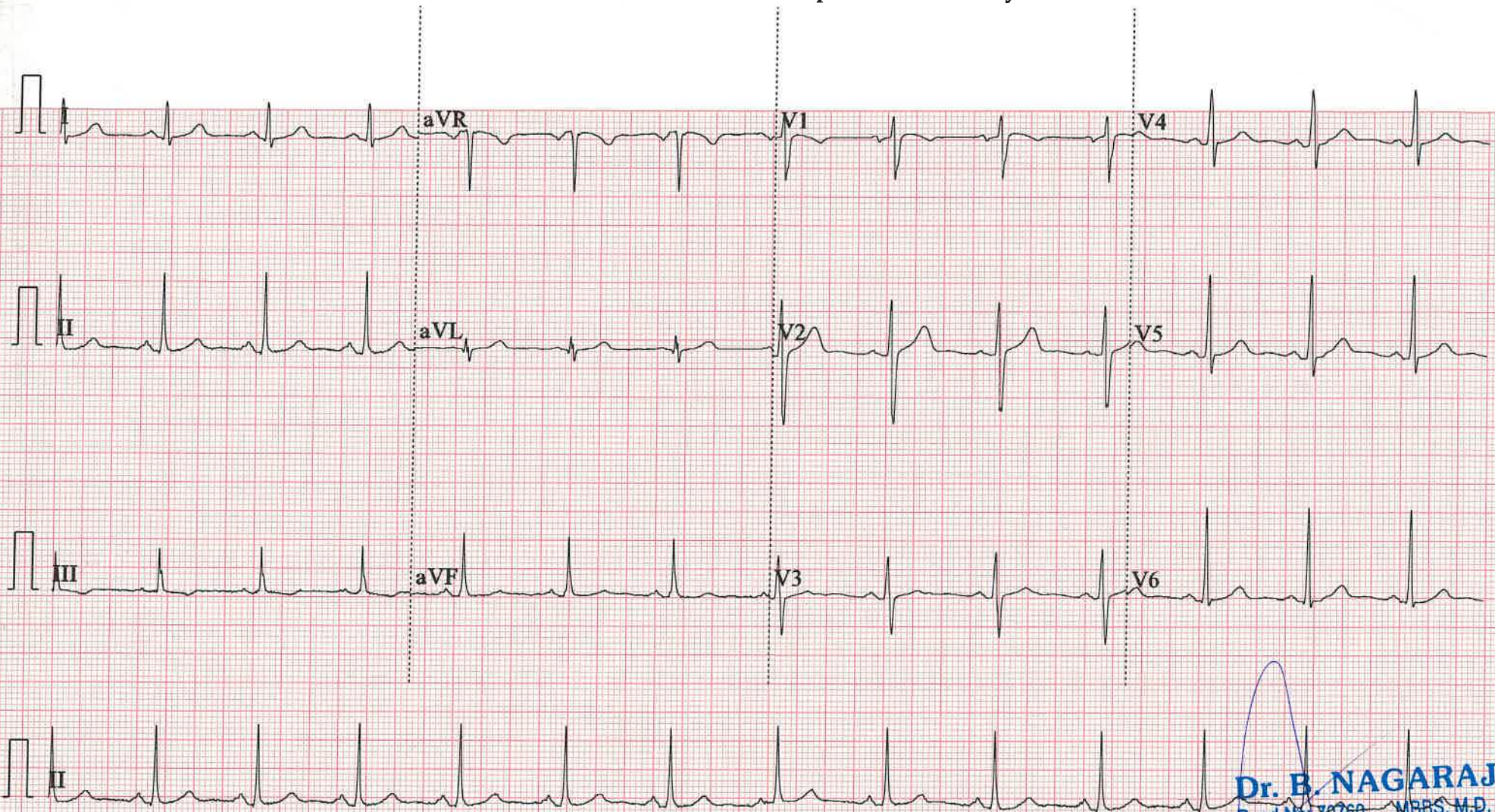
పి.ఓ. బాక్స్ నెం. 1947,
బెంగుళూరు-560001

ID: 55356
SURESH BODDU
Male 34Years
Req. No. :

17-02-2024 10:09:54
HR : 82 bpm
P : 101 ms
PR : 133 ms
QRS : 79 ms
QT/QTcBz : 349/409 ms
P/QRS/T : 51/66/16 °
RV5/SV1 : 1.329/0.794 mV

Diagnosis Information:
Sinus Rhythm
Larged PtfV1

Report Confirmed by:



Dr. B. NAGARAJU
Regd.No: 70760 MBBS, M.D, DM
CONSULTANT CARDIOLOGIST
YODA DIAGNOSTICS-GUNTUR

DATE: 17-02-24

NAME: SURESH BODDU

AGE: 34/yr ADDRESS: _____

TYPE OF LENS: GLASS CONTACTS

CR POLYCARBONATE

COATINGS : ARC HARD COAT

TINT : White SP2 PHOTO GREY

BIFOCALS : KRYPTOK EXECUTIVE

"D" PROGRESSIVE

	R			L		
	SPH	CYL	AXIS	SPH	CYL	AXIS
DV	<u>-</u> <u>30</u>			<u>-</u> <u>30</u>		
ADD						

INSTRUCTIONS _____

I.P.D. _____ D.V. ✓

N.V. _____ CONSTANT USE ✓

Name: Mr. Suresh Baddu
Date: 17/02/24 Age: 34 years Sex: male
Address: Guntur



Routine health checkup

NO complaints

NO H1O #TNIDM/CAD/PTB

TEMP: (D)
B.P: 120/70 mm/Hg
PULSE: 72 bts
WEIGHT: 76 kg
HEIGHT: 164 cm

Platelet count
- 81,000/cf

USG - Abdomen

Hepatomegaly
with Alt 26

To consult
Gastroenterologist

1) Cap. J-POWER

0-1 - (30)

2) Cap. JALK D3 BOK

weekly once x (8) wks

Dr. KEERTHI KISHORE NAGALLA
Regd.No: 64905 MBBS, M.D. General Medicine
CONSULTANT GENERAL PHYSICIAN
YODA DIAGNOSTICS-GUNTUR





YODA
DIAGNOSTICS



Guntur, Andhra Pradesh, India

7FX2+MJP, Kothapeta, Guntur, Andhra Pradesh 522001, India

Lat 16.299239°

Long 80.451621°

17/02/24 08:47 AM GMT +05:30



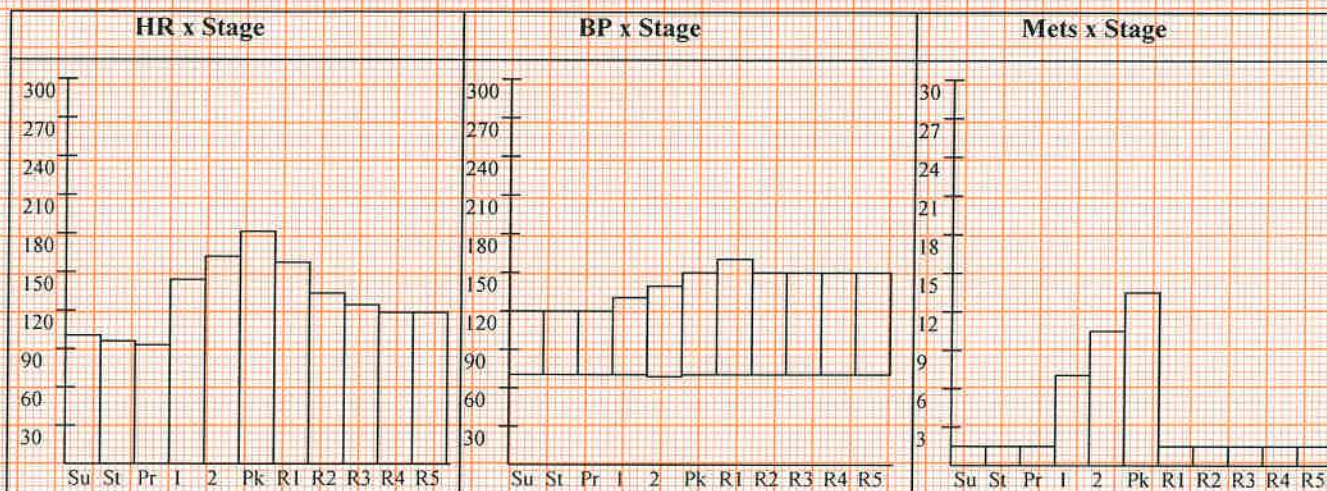
Google

YODA DIAGNOSTICS CENTRE GUNTUR

Name: BODDU SURESH

Date: 17-02-2024

Time: 12:42



Interpretation

The Patient Exercised according to Bruce Protocol for 0:08:00 achieving a work level of 9 METS.
 Resting Heart Rate, initially 101 bpm rose to a max. heart rate of 182bpm (95% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 120/70 mmHg, rose to a maximum Blood Pressure of 160/70 mmHg
 *NO SIGNIFICANT ST - T CHANGES DURING EXERCISE & RECOVERY
 *GOOD EXERCISE TOLERANCE
 *STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHEMIA.

Ref. Doctor: SELF

Schiller Cardiovit CS-10 Version 3.5

Dr. B. NAGARAJU
 Regd.No: 70760 MBBS, M.D, DM
 CONSULTANT CARDIOLOGIST
 YODA DIAGNOSTICS-GUNTUR
 Doctor: DR.B NAGARAJU

(Summary Report edited by User)

YODA DIAGNOSTICS CENTRE GUNTUR

Name: BODDU SURESH

Date: 17-02-2024

Time: 12:42

Age: 34

Gender: M

Height: 164 cms

Weight: 76 Kg

ID: 55356

Clinical History: NO

Medications: NO

Test Details:

Protocol: Bruce

Predicted Max HR: 192

Target HR: 163 (85% of Pr. MHR)

Exercise Time: 0:08:00

Achieved Max HR: 182 (95% of Pr. MHR)

Max BP: 160/70

Max BP x HR: 29120

Max Mets: 9

Test Termination Criteria:

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/S
Supine	00:12	1	0	0	101	120/70	12120	0.6 V2	0.3 V2
Standing	00:08	1	0	0	96	120/70	11520	0.9 V2	0.5 II
PreTest	00:15	1	1.6	0	93	120/70	11160	1 V2	0.6 V2
Stage: 1	03:00	4.7	2.7	10	144	130/70	18720	0.8 V2	0.8 II
Stage: 2	03:00	7	4	12	162	140/70	22680	-1.4 III	0.9 II
Peak Exercise	02:00	9	5.5	14	182	150/70	27300	-1.5 III	0.9 II
Recovery1	01:00	1	0	0	157	160/70	25120	2.4 V2	1.8 II
Recovery2	01:00	1	0	0	133	150/70	19950	1.4 V3	1.6 II
Recovery3	01:00	1	0	0	124	150/70	18600	0.7 V2	1 II
Recovery4	01:00	1	0	0	118	150/70	17700	-0.9 II	0.2 I
Recovery5	00:24	1	0	0	119	150/70	17850	-0.8 II	0.2 I

YODA DIAGNOSTICS CENTRE GUNTUR

BODDU SURESH (34 M)

Bruce Protocol

ID: 55356

Date: 17-02-2024

Exec Time : 0:00:00

Stage Time: 00:12

HR: 101 bpm

BP: 120/70 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 163 bpm

STLevel(mm) STSlope(mV/s)

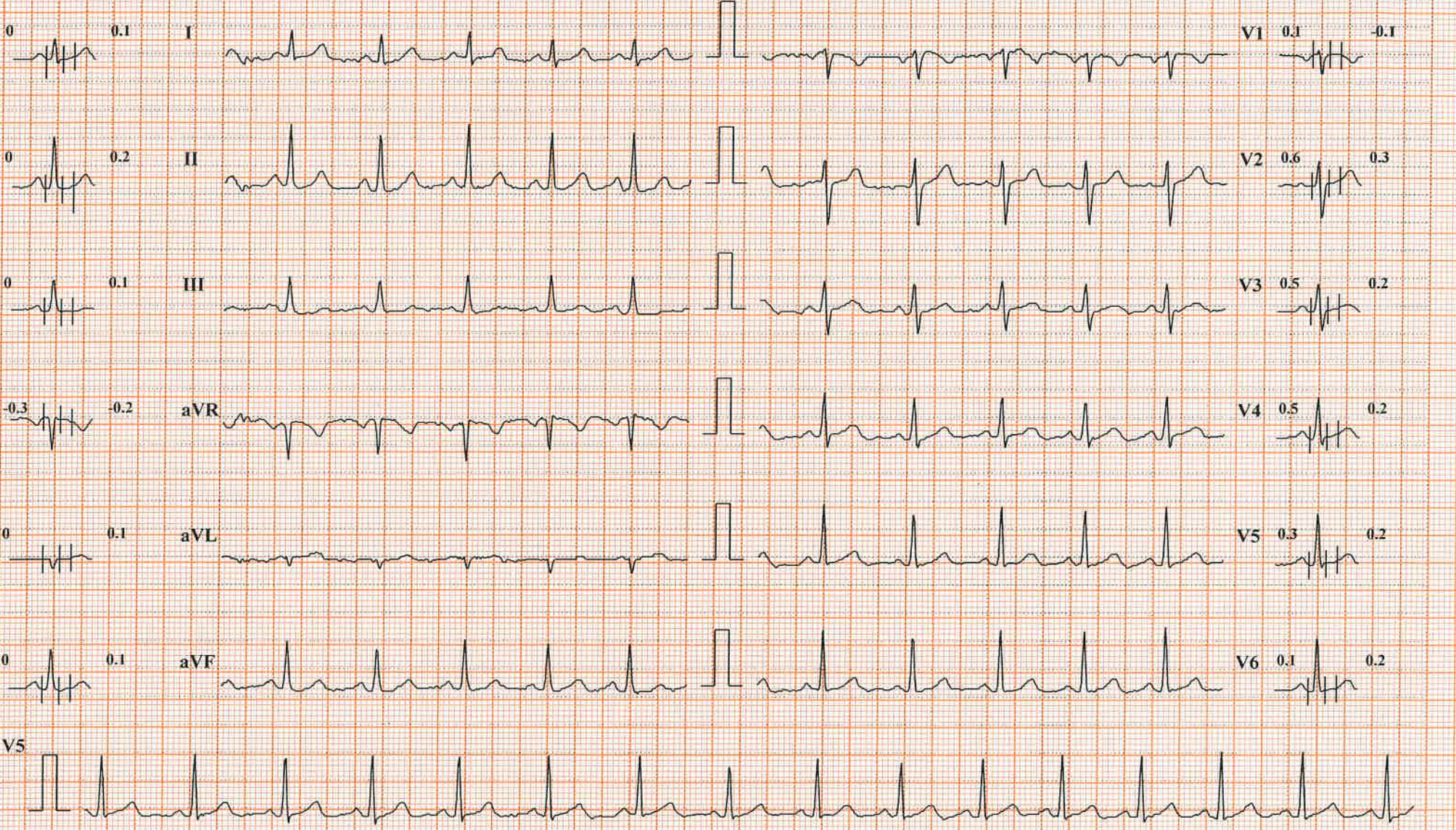


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

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YODA DIAGNOSTICS CENTRE GUNTUR

BODDU SURESH (34 M)

Bruce Protocol

ID: 55356

Date: 17-02-2024

Exec Time : 0:00:00

Stage Time: 00:08

HR: 96 bpm

Stage: Standing

Speed: 0

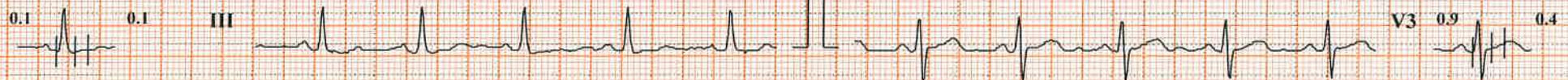
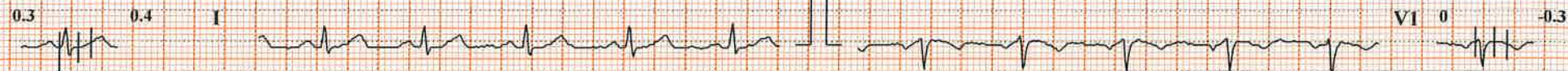
Slope: 0 %

THR: 163 bpm

BP: 120/70 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

BODDU SURESH (34 M)

Bruce Protocol

ID: 55356

Date: 17-02-2024

Exec Time : 0:03:00

Stage Time: 03:00

HR: 144 bpm

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 163 bpm

BP: 130/70 mmHg

STLevel(mm) STSlope(mV/s)

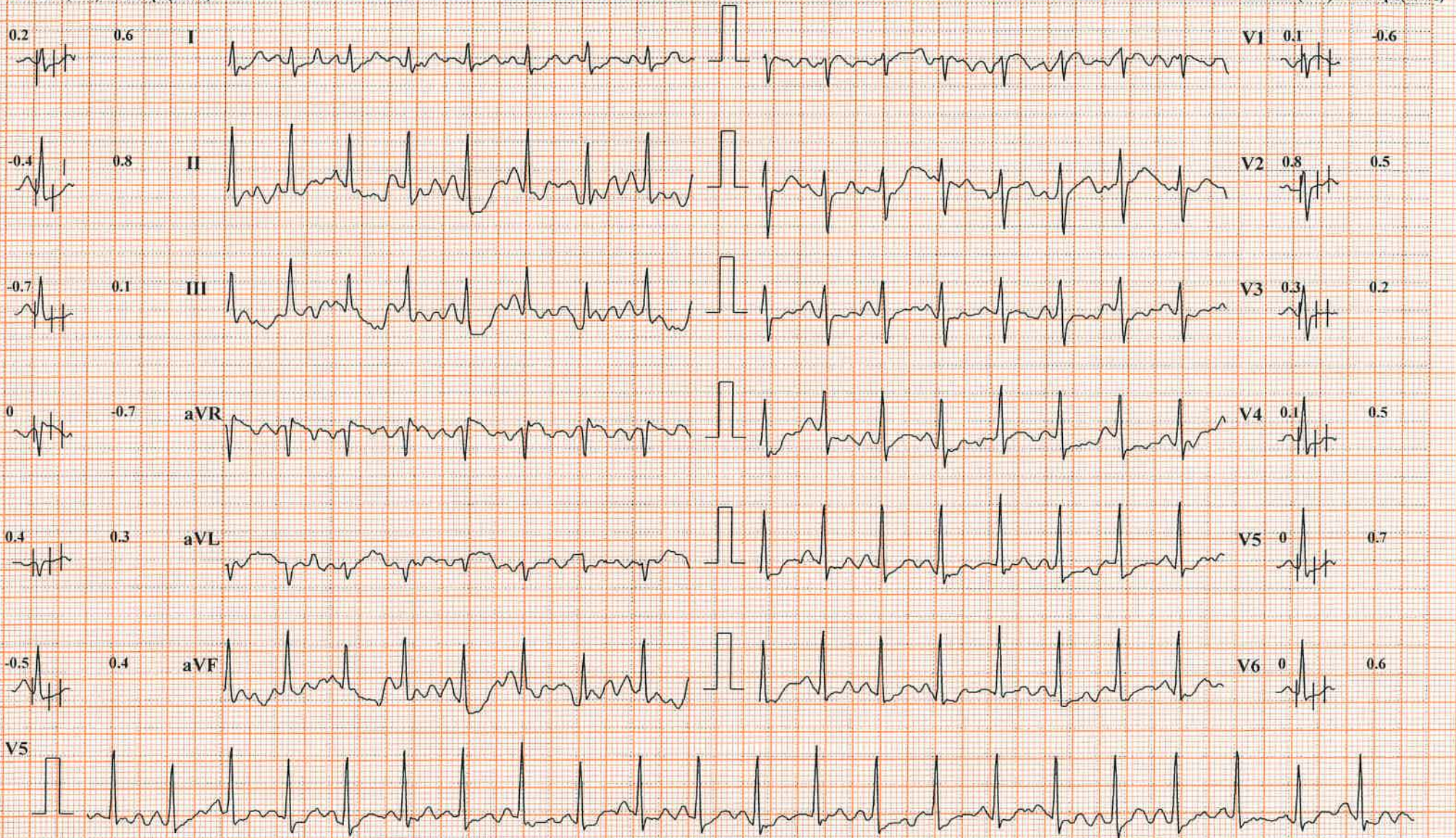


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

BODDU SURESH (34 M)

Bruce Protocol

ID: 55356

Date: 17-02-2024

Exec Time : 0:06:00

Stage Time: 03:00

HR: 162 bpm

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 163 bpm

BP: 140/70 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

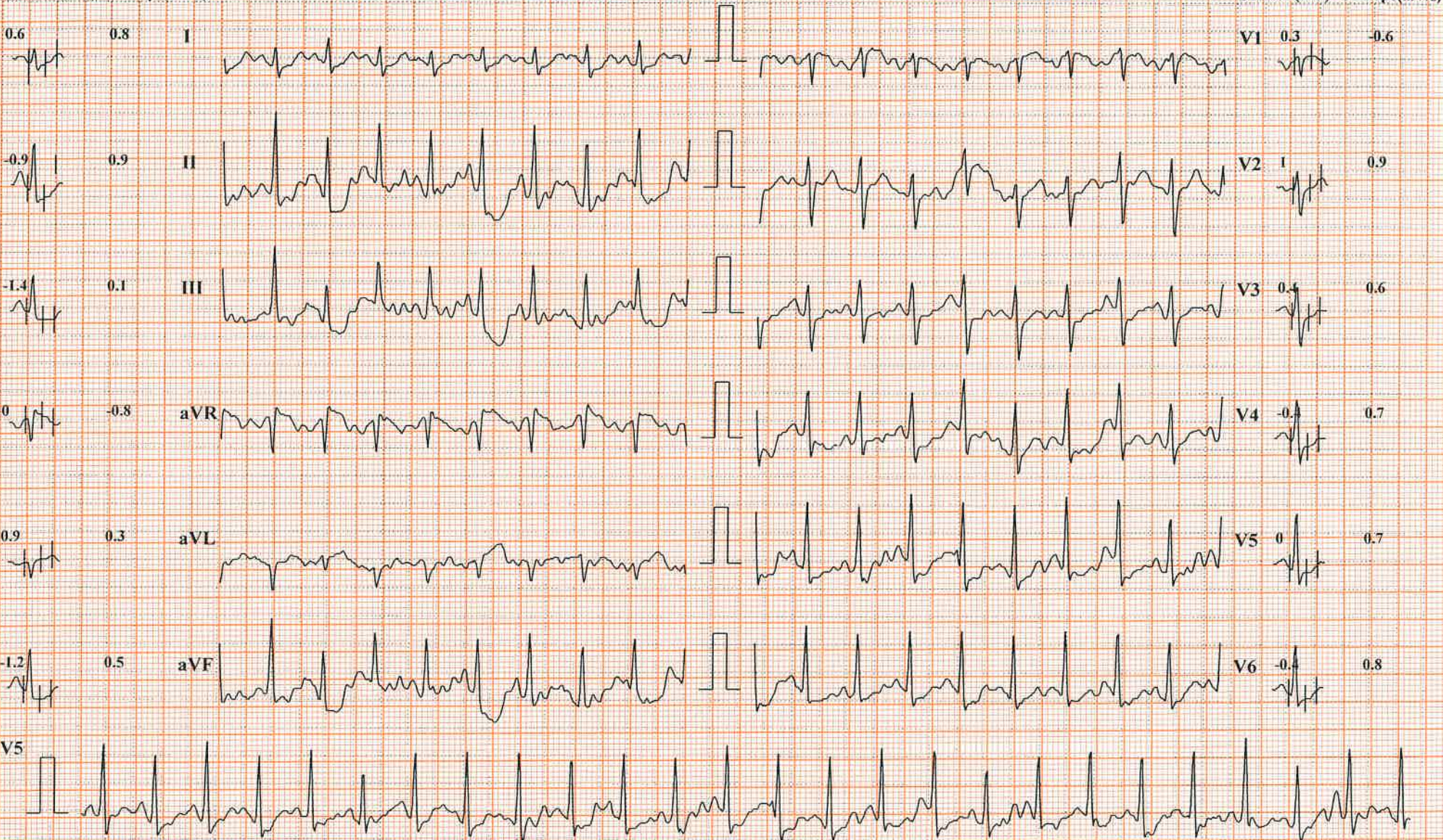


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

BODDU SURESH (34 M)

Bruce Protocol

ID: 55356

Date: 17-02-2024

Exec Time : 0:08:00

Stage Time: 02:00

HR: 182 bpm

STLevel(mm) STSlope(mV/s)

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

THR: 163 bpm

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)

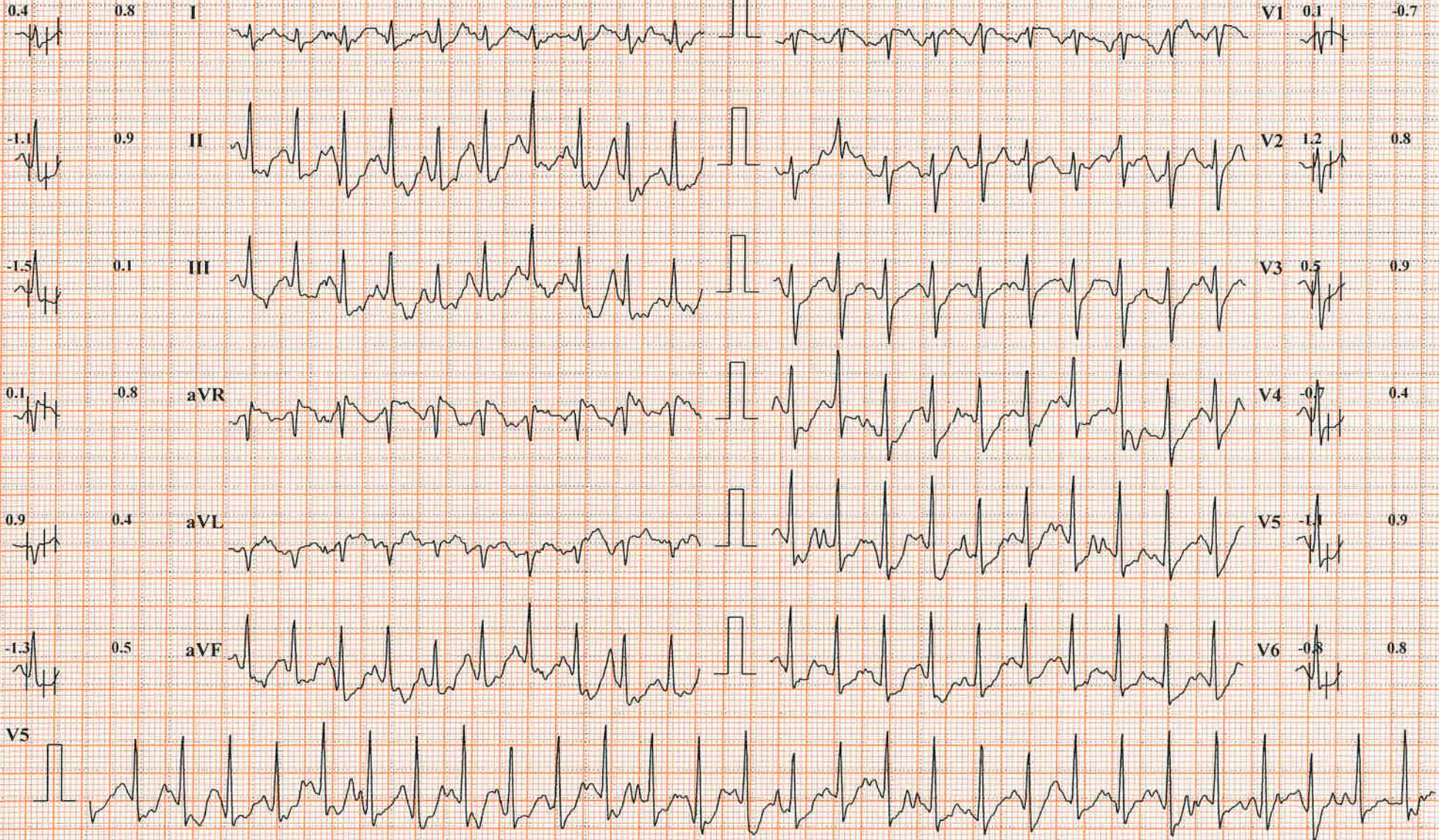


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

BODDU SURESH (34 M)

ID: 55356

Date: 17-02-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 157 bpm

Bruce Protocol

Stage: Recovery I

Speed: 0 kmph

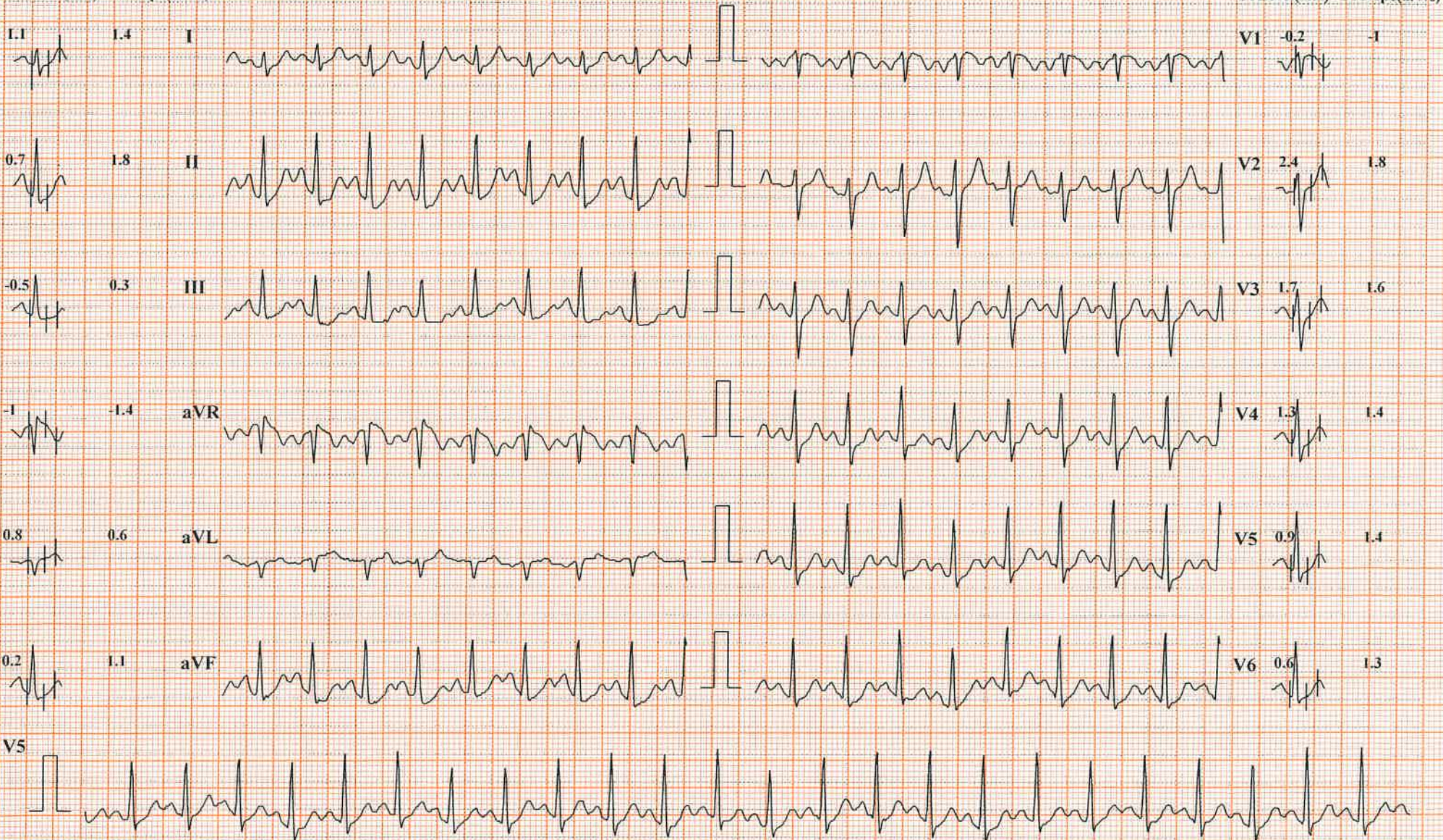
Slope: 0 %

THR: 163 bpm

BP: 160/70 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

BODDU SURESH (34 M)

HR: 133 bpm

Bruce Protocol

ID: 55356

Date: 17-02-2024

Exec Time : 00:00

Stage Time: 01:00

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)

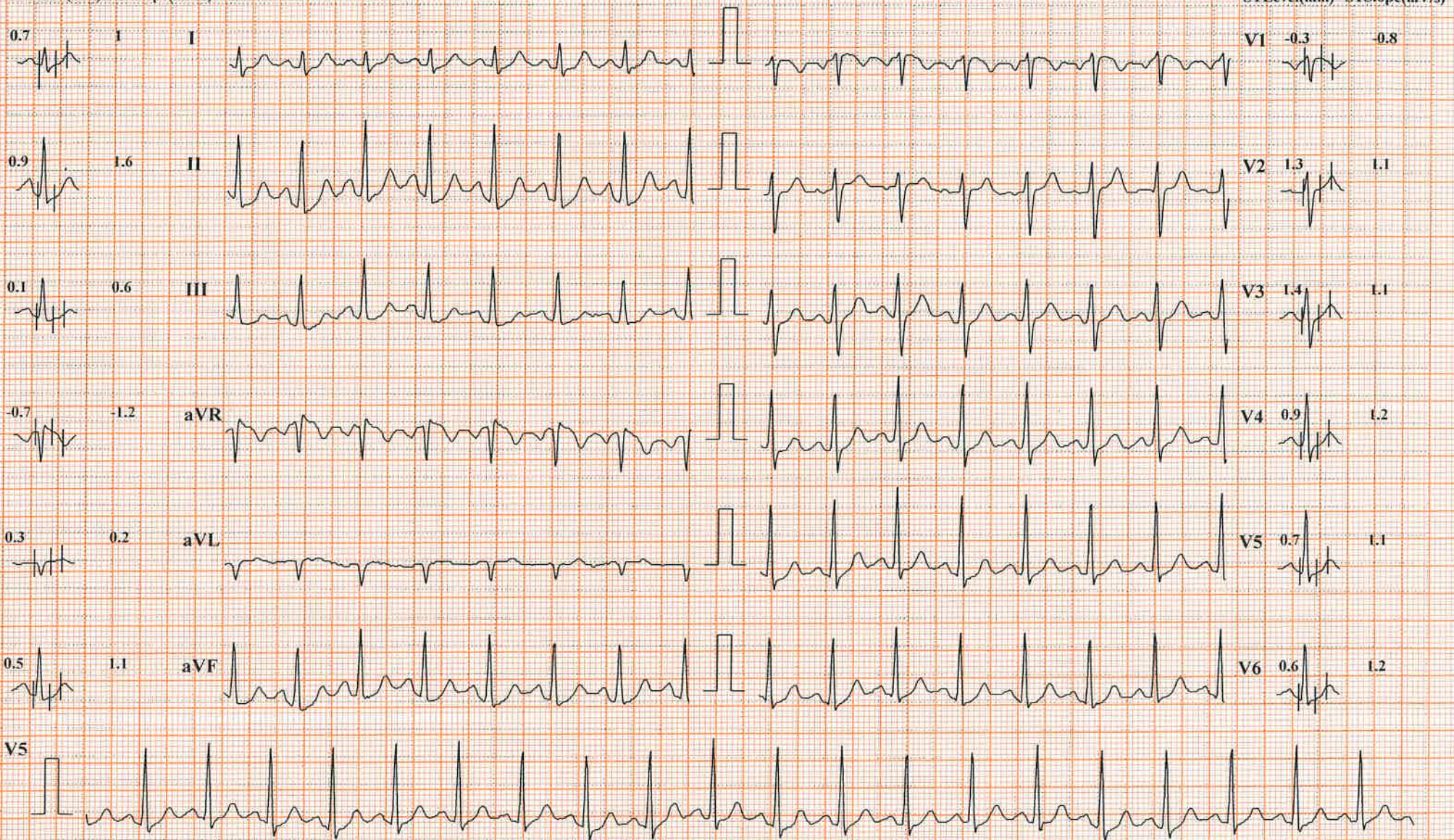
Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 163 bpm

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

BODDU SURESH (34 M)

HR: 124 bpm

Bruce Protocol

ID: 55356

Date: 17-02-2024

Exec Time : 00:00

Stage Time: 01:00

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)

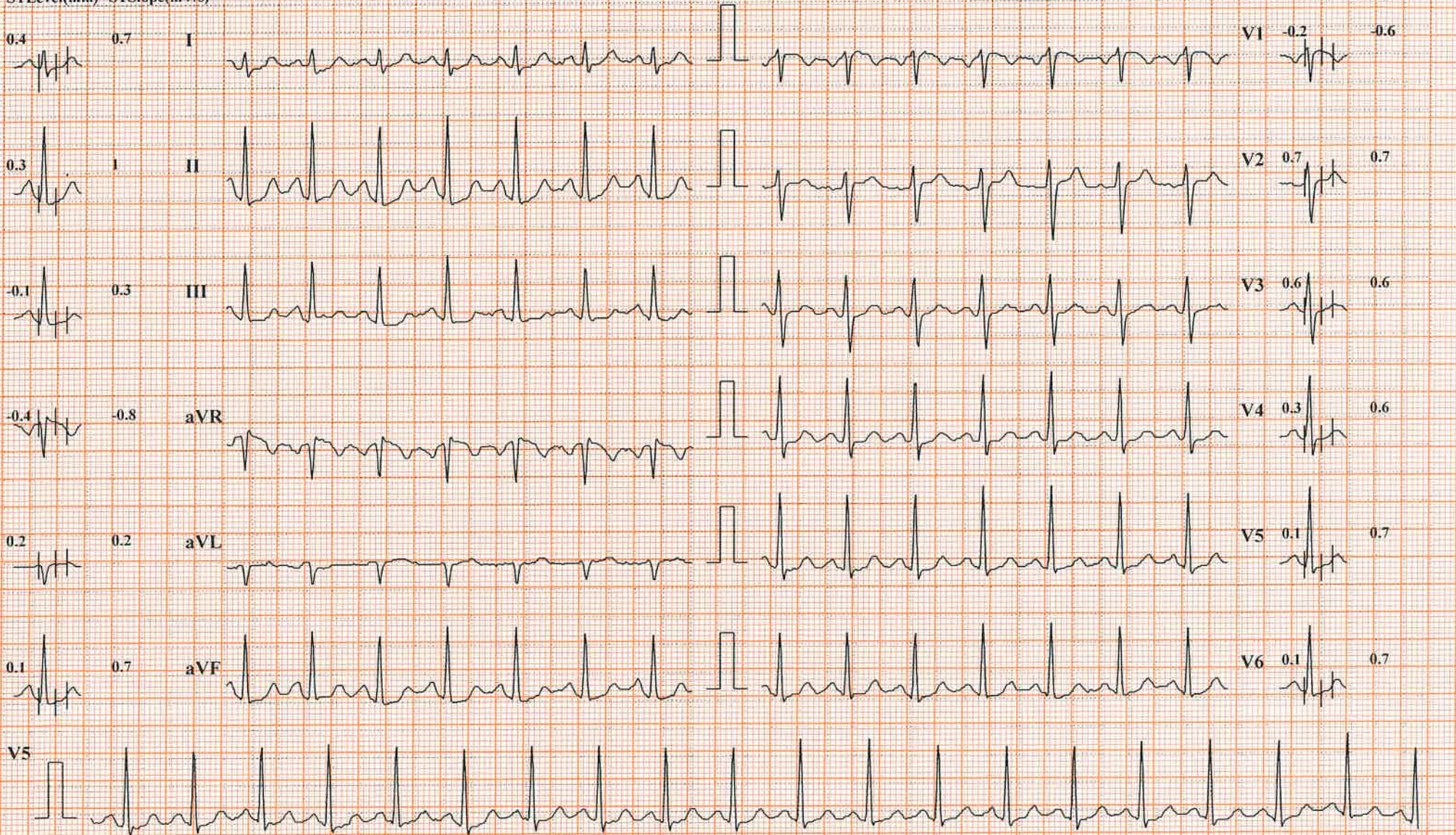
Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 163 bpm

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

BODDU SURESH (34 M)

HR: 118 bpm

Bruce Protocol

ID: 55356

Date: 17-02-2024

Exec Time : 00:00

Stage Time: 01:00

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)

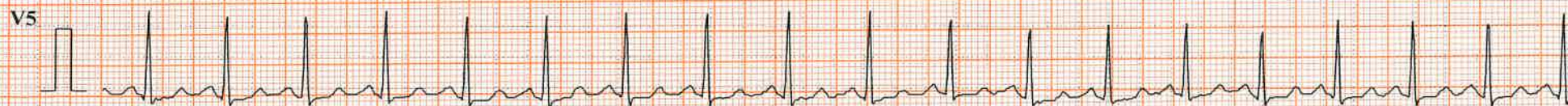
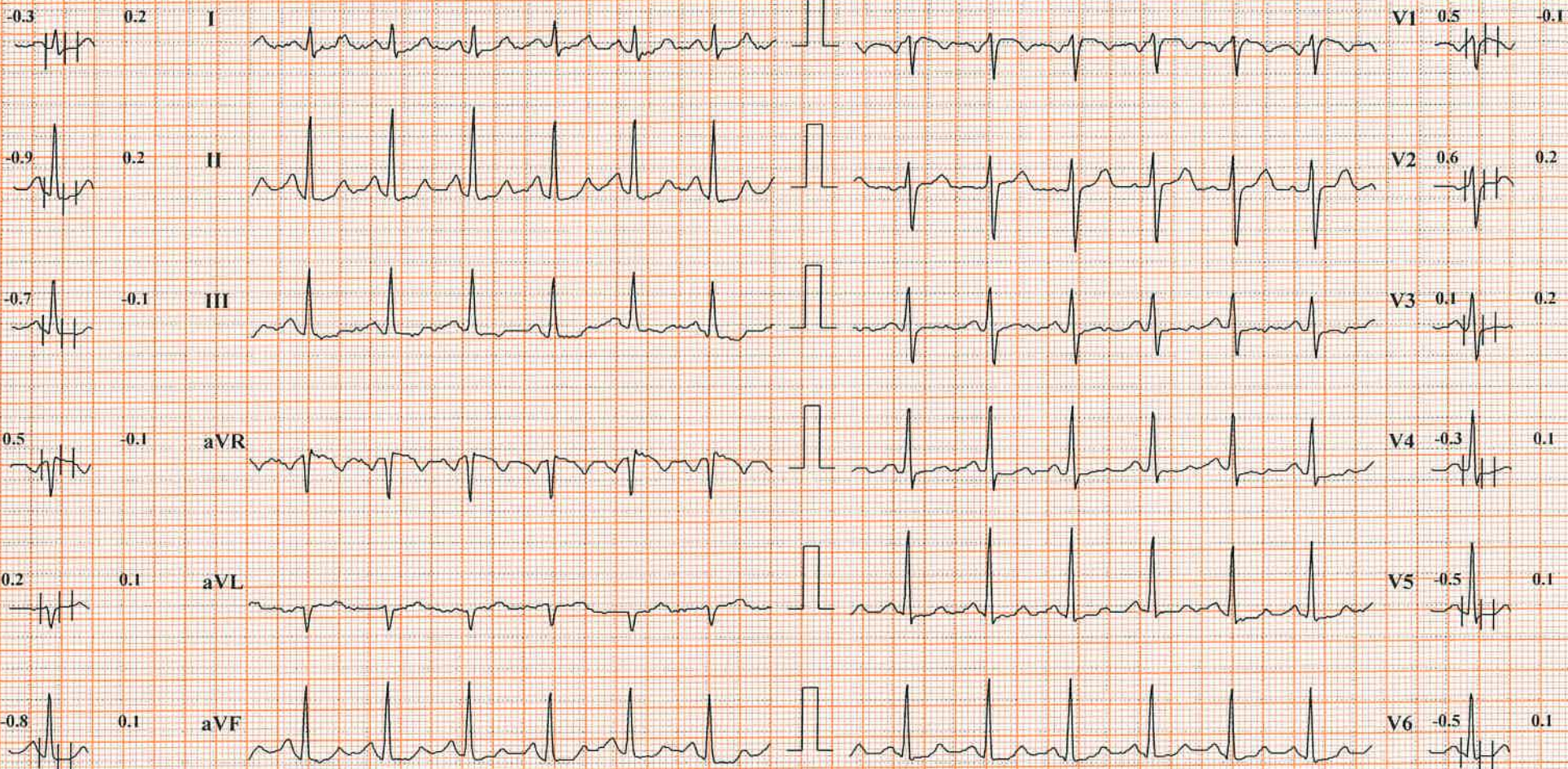
Stage: Recovery4

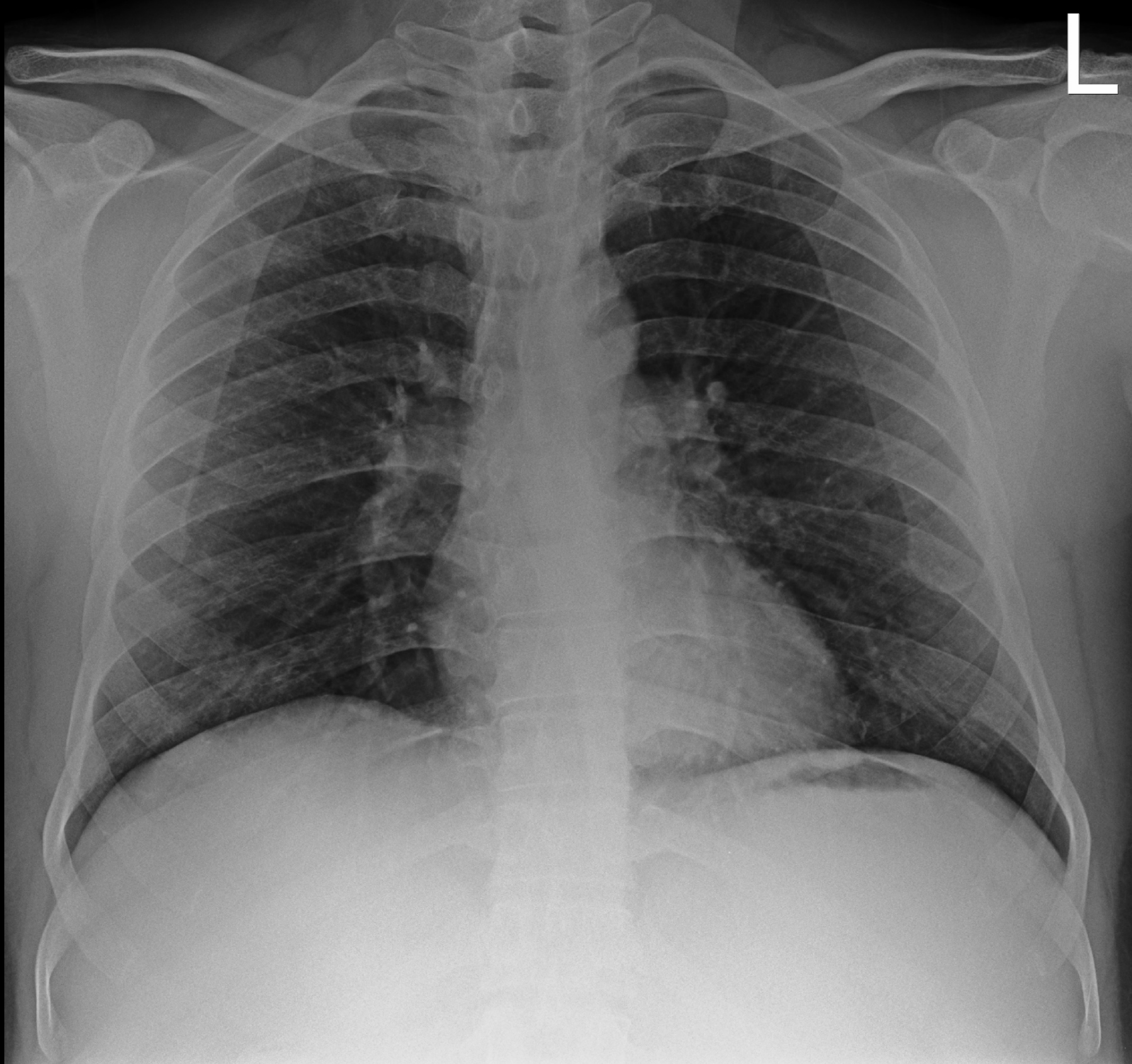
Speed: 0 kmph

Slope: 0 %

THR: 163 bpm

STLevel(mm) STSlope(mV/s)





SURESH BODDU 34 MALE YGT55356 CHEST PA 17-Feb-24

YODA DIAGNOSTICS